

**VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310**

Recd	_____
Complete	_____
Elig approved	_____
Comments	_____

**EMERGENCY MEDICAL TECHNICIAN - INTERMEDIATE
RECIPROCAL CERTIFICATION APPLICATION**

Instructions:

1. This form is to be used by all persons applying for reciprocal Emergency Medical Technician – Intermediate 90 and Emergency Medical Technician 03 certification. To obtain EMT-I certification, you must **FIRST** be a Vermont Basic EMT affiliated with a service licensed at the EMT-Intermediate level or higher.
2. Page two is the Statement of Compliance for Certification. Every applicant for a license or certification in the state of Vermont must sign a statement that the applicant is not under an obligation to pay child support or delinquent taxes, or is in good standing with respect to or in full compliance with a plan to pay any and all child support or delinquent taxes as of the date this application is signed. This compliance statement must be completed and signed in order for this application to be processed.
3. On page three, please print or type all requested information.
 - Vermont EMT number (**REQUIRED**), expiration date and social security number
 - Name, address and telephone numbers
 - Service affiliations - list your primary service affiliation (must be licensed in Vermont) and a secondary service affiliation, if you have one in Vermont.
 - The EMT-I certification level for which you are applying (EMT-I 90 or EMT-I 03)
 - Your National Registry Number (if applicable) and expiration date.
 - The state in which you are currently certified at an advanced level.
 - Your current certification level, number and expiration date in that state (the certification must be current).
 - Educational institution or agency that sponsored the advanced EMT course, contact person (name, title, address, phone) and course completion date.
4. Page four is the signature page. The EMS district chair, district medical advisor and the head of your primary Vermont service must sign. After you have read and answered the three questions, sign in the space provided.
5. Submit with this application a copy of your course schedule, including dates of classes, the instructor of record and the location of the course. Also attach copies (front & back) of your current EMT card, certifications, licenses and other pertinent materials. **The most common reason for rejection of an application is failure to submit these materials.**

PLEASE NOTE: Once your application is complete, we will determine whether you are eligible to take the Vermont EMT-I examination. **DO NOT attempt to take an examination unless you are notified by this office of your eligibility.** If you are eligible, we will contact you with dates and locations of exams and we will send you a form to register for the exam most convenient for you. Processing of reciprocal EMT applications depends on how quickly your home state and course coordinator provide information (may be 4-6 weeks).

STATEMENT OF COMPLIANCE FOR CERTIFICATION

1. Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by any agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to or in full compliance with a plan to pay any and all taxes due as of the date such statement is made. "Good standing" means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as possible, if the agency finds an unreasonable hardship.

CERTIFICATE OF COMPLIANCE

I have read the above material concerning child support and tax liability.

I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement. This certification is made under the pains and penalties of perjury.

PRINT NAME: _____

FEDERAL TAXPAYER ID _____

OR SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

OCCUPATION: _____

APPLICANT INFORMATION

PLEASE PRINT

PLEASE PRINT

_____	_____	_____
Vermont EMT #	Basic EMT Exp. Date	Social Security Number
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Address	Town/City	State ZIP
(____) _____ - _____	(____) _____ - _____	_____
Home Phone	Work Phone	Sex Date of Birth
1) _____	2) _____	
Primary VERMONT Service Affiliation	Secondary VERMONT Service Affiliation	

Applying for: **EMT-Intermediate 90** **EMT-Intermediate 03 (CIRCLE ONE)**

National Registry number (not required for EMT-I cert) _____ Expiration date _____

State in which you currently hold advanced EMT certification _____ Cert number _____

Current advanced EMT certification level _____ Expiration date _____

Educational institution or agency that sponsored the advanced EMT Course _____

Contact person name _____ Title _____

Address _____

Phone _____ Course completion date _____

**ATTACH COPIES OF YOUR CURRENT EMT CARD, CERTIFICATIONS, LICENSES
AND OTHER PERTINENT MATERIALS.**

***** DO NOT WRITE BELOW THIS LINE ***** EMS OFFICE USE ONLY *****

Credentials verified: YES NO by: _____ Date _____

Cleared for exam: YES NO by: _____ Date _____

Written Exam	Exam Attempt #1	Date	Exam Attempt #2	Date	Exam Attempt #3	Date	UL	HL
EMT-I 90								
EMT-I 03								
Practical Exam								
Sta 6	P F		P F		P F		Pt Assess & Adv Mgmt	
Sta 7	P F		P F		P F		Inter Airway Mgmt	
Sta 8	P F		P F		P F		IV Ther & Med Admin	
Sta 9	P F		P F		P F			
Sta 10	P F		P F		P F			

Cert processed and card issued by: _____ Date _____

SIGNATURE PAGE

EMS District Board Approval: I certify that the applicant has the support of the Board of Directors of this EMS district in pursuing certification at the **EMT-I 90 / EMT-I 03** level (**CIRCLE ONE**).

District Chair's Name (Printed)

District #

District Chair's Signature

Date

EMS District Medical Advisor Approval: I certify that the applicant is familiar with the protocols of Vermont and this district, has satisfied me that he/she will comply with those protocols and has my support in pursuing certification at the **EMT-I 90 / EMT-03** level (**CIRCLE ONE**).

District Medical Advisor's Name (Printed)

District #

District Medical Advisor's Signature

Date

Service Approval: In signing this application for Vermont Emergency Medical Technician – Intermediate certification I attest that the applicant is affiliated with the service listed below and has support of this organization in pursuing said certification.

Service Name

Service #

Head of Service (Print)

Head of Service Signature

Date

(This signature must be the same as that appearing on the service's license application.)

(**CIRCLE ONE**)

YES NO

Are you currently illegally using drugs or have you only recently stopped illegally using drugs?

{Ref. EMS Rules Section 11.1602}

If yes, please explain: _____

(**CIRCLE ONE**)

YES NO

Have you been convicted of a crime? {Ref. EMS Rules 11.14}

If yes, please explain: _____

(**CIRCLE ONE**)

YES NO

Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere?

If yes, please explain: _____

I attest the information contained in this reciprocal certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding reciprocal certification and certification examinations contained in this application. Alteration of this form does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Signature

Date

H:\EMTAdv\Inter Recip App Sig.9912